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0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket	DHN/322/PC/US
		First Named Inventor	David Foster, et al
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

DECLARATION

Declaration Submitted
with Initial Filing

Declaration Submitted
after Initial Filing

As an above named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Orthopedic Bone Cement Mixing Container

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) July 26, 2000 as United States Application or PCT International Application Number PCT/EP00/07204 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations, §1.56.

I hereby claim foreign priority under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached Yes	Copy Attached No
9917624.0	United Kingdom	July 27, 1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:

As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:

Firm Name:

Alix, Yale & Ristas, LLP

Customer Number:

002543

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor

 A petition has been filed for this unsigned inventor

Given Name	David	Middle Initial		Family Name	Foster	Suffix	
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Inventor's Signature

Date

RESIDENCE: City	Woodstock	State		Country	United Kingdom	Citizenship	United Kingdom
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Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name	Anthony	Middle Initial		Family Name	Jones	Suffix	
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Inventor's Signature

Date

RESIDENCE: City	Abingdon	State	Oxon	Country	United Kingdom	Citizenship	United Kingdom
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Additional inventors are being named on supplemental sheet(s) attached hereto.

Type a plus sign (+) inside this box

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Rebecca	Middle Initial		Family Name	Eveleigh		Suffix	
Inventor's Signature						Date		
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City	Cheltenham	State		Zip	GL51 6ND	Country	United Kingdom	Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name			Suffix	
Inventor's Signature						Date		
RESIDENCE: City		State		Country		Citizenship		
POST OFFICE ADDRESS								
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name			Suffix	
Inventor's Signature						Date		
RESIDENCE: City		State		Country		Citizenship		
POST OFFICE ADDRESS								
City		State		Zip		Country		Applicant Authority
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto								